02/19/2008 17:33

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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 0 1 0 1 2008 0 1 3 1 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 02 19 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC <sup>®</sup> D " D 0 1 0 1 2008 0 1 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 1507360.96 January 1 (b) Cash on Hand at 1507360.96 Begining of Reporting Period ..... 26646.00 26646.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1534006.96 1534006.96 6(a) and 6(c) for Column B) ..... 130842.24 130842.24 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 1403164.72 1403164.72 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

<sup>D</sup> 3 1

<sup>y</sup> 0 0 8

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M M M D D D D 2 0 0 8

To:

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	tributions (other than loans) From: Individuals/Persons Other		
(a)	Than Political Committees  (i) Itemized (use Schedule A)	10700.00	10700.00
	(ii) Unitemized	4924.32	4924.32
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	15624.32	15624.32
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15624.32	15624.32
	sfers From Affiliated/Other y Committees	0.00	0.00
3. All L	oans Received	0.00	0.00
	n Repayments Receivedets To Operating Expenditures	0.00	0.00
(Car	unds, Rebates, etc.) ry Totals to Line 37, page 5)	0.00	0.00
to Fe	ederal candidates and Other ical Committees	10500.00	10500.00
	er Federal Receipts dends, Interest, etc.)	521.68	521.68
-	nsfers from Non-Federal and Levin Funds		
(a) l	Non-Federal Account (from Schedule H3)	0.00	0.00
(b)	Levin Funds (from Schedule H5)	0.00	0.00
(c) -	Fotal Transfer (add 18(a) and 18(b)).	0.00	0.00
	al Receipts (add Lines 11(d), 13, 14, 15, 16, 17, and 18(c))	26646.00	26646.00
	I Federal Receipts tract Line 18(c) from Line 19)	26646.00	26646.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	41267.24	41267.24
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii) and (b))	41267.24	41267.24
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	88875.00	88875.00
	Independent Expenditure (use Schedule E)	0.00	0.00
).	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
3.	Loan Repayments Made	0.00	0.00
	T T		
7. 3.	Loans Made  Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	200.00	200.00
		0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	200.00	200.00
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	500.00	500.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i ederal Stiale		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
ı	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	130842.24	130842.24
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	130842.24	130842.24

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	15624.32	15624.32
34.	Total Contribution Refunds (from Line 28(d))	200.00	200.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	15424.32	15424.32
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	41267.24	41267.24
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	41267.24	41267.24

FE6AN026

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 34 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Report for commercial purposes, other than NAME OF COMMITTEE (In Full)  American Hospital Association	orts and Statements may not be sold or used by any person using the name and address of any political committee to an PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initia Ms. Linda Berger Spivack Mailing Address 100 Santa Fe  City Hamden		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer MidState Medical Center  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Vice President, Patient Care Services Aggregate Year-to-Date  350.00	350.00
Full Name (Last, First, Middle Initia Mr. Larry Walker Mailing Address 4848 Hasting  City Lake Oswego  FEC ID number of contributing federal political committee.  Name of Employer Walker Company, The  Receipt For: Primary General	*	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initia Mr. James L Daily Mailing Address 115 Porter Dr  City Middlebury  FEC ID number of contributing federal political committee.  Name of Employer Porter Medical Center  Receipt For: Primary General Other (specify)	J)	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (	optional)	1850.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/34 (check only one)    X
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	r not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
- I \	American Hospital Association PAC			<u>-</u>
	full Name (Last, First, Middle Initial) Dr. David M Barrett, , M.D.  Mailing Address 41 Mall Road			Date of Receipt
_		State	Zip Code	01 28 2008
	City Burlington	MA	01805-0001	Transaction ID: 14994013  Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C		500.00
_ N L	lame of Employer ahey Clinic Hospital	Occupation Chief Exe	n ecutive Officer	
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Mr. Thomas K. Sager Mailing Address 11 Vallevview Farm Re	ood		Date of Receipt
_				01 28 2008
	City Haverhill	State MA	Zip Code 01835-7658	Transaction ID: 14994017
F	FEC ID number of contributing ederal political committee.	C	01033-7030	Amount of Each Receipt this Period  250.00
<u>t</u>	lame of Employer Caritas Holy Family Hospi- al and Medic	Occupation President	n and Chief Executive Office	ır
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Ms. Deborah Frey Stern, RN, JD			Date of Receipt
N	Mailing Address 3010 Clark Court			01 31 2008
	City	State	Zip Code	Transaction ID: 14994056
F	Topeka FEC ID number of contributing Federal political committee.	C	66604-2660	Amount of Each Receipt this Period 250.00
ŀ	Jame of Employer Kansas Hospital Associati- on	Occupation Clinical S	n Gervices/Legal Counsel	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SII	BTOTAL of Receipts This Page (optional)	1		1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 34 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persor e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Eileen M. Collins Offner		Date of Receipt
Mailing Address 325 Seventh Street, N Suite 700		01 03 7 2008
City <u>Washington</u>	State Zip Code DC 20004-2818	Transaction ID: 14994079
FEC ID number of contributing federal political committee.	C 20004-2816	Amount of Each Receipt this Period  350.00
Name of Employer American Hospital Association-Washingt Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Sr. Associate Director  Aggregate Year-to-Date   350.00	<b>-</b> -
Full Name (Last, First, Middle Initial) Mr. David L. Woodrum Mailing Address 175 North Harbor Driv	ve	Date of Receipt
O:4	Otata 7'a Cada	01 11 2008
City Chicago	State Zip Code  IL 60601-7344	Transaction ID: 14994082  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Woodrum, Inc.	Occupation President	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Carol Reineck, Ph.D., CNA	I	Date of Receipt
Mailing Address 15111 Oak Loft		01 30 2008
City	State Zip Code	Transaction ID: 14994111
San Antonio	TX 78232-4617	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer University of Texas Health Science Cen	Occupation Assistant Professor, Dept. of Acute Nu	1
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	350.00	
CUPTOTAL of Possints This Poss (entional)		1700.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 34 (check only one)    X
or for com	nation copied from such Reports and Stamercial purposes, other than using the of COMMITTEE (In Full) ican Hospital Association PAC	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ms. Pa Mailing City	ame (Last, First, Middle Initial) mela T. Rudisill Address 17225 Royal Court Dr.	State	Zip Code	Date of Receipt    M   M   D   D   V   Y   Y   Y   Y   Y   Y   Y   Y   Y
	Son  Donumber of contributing political committee.	NC C	28036-7843	Amount of Each Receipt this Period  350.00
<u>cal Ce</u> Receip			e Executive Director  Year-to-Date   350.00	
Ms. Ka	me (Last, First, Middle Initial) ren S. Haase-Herrick, MN, RN Address 300 Elliott Avenue Wes Suite 300	t		Date of Receipt    M
City	Suite 300	State	Zip Code	Transaction ID: 14996551
	e  Discrete number of contributing political committee.	C	98119-4198	Amount of Each Receipt this Period  350.00
dical C Receip			n e Director e Year-to-Date ▼ 350.00	
Ms. Do	ame (Last, First, Middle Initial) nna M. Herrin, MSN, RN, C			Date of Receipt
Mailing	Address 215 Pasadena Place #433			01 24 2008
City	.1-1-	State	Zip Code	Transaction ID: 14996554
	O number of contributing political committee.	C	38104-6657	Amount of Each Receipt this Period  500.00
<u>thcare</u>			President	
	ot For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBTOT	AL of Receipts This Page (optional)			1200.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 34 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  American Hospital Association PAC	d Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. David Marshall Mailing Address 1319 Walhni Street City	State Zip Code	Date of Receipt    M M
Galveston  FEC ID number of contributing federal political committee.  Name of Employer University of Texas Medic-	TX 77555-0001  C Occupation	Amount of Each Receipt this Period 500.00
University of Texas Medical Branch Hos  Receipt For:  Primary General  Other (specify) ▼	Assistant Vice President & Chief Nurs  Aggregate Year-to-Date ▼  500.00	i <u> </u>
Full Name (Last, First, Middle Initial) Ms. Donna D. Poduska, MS, RN, CN Mailing Address 2430 Merino Court		Date of Receipt  0 1 3 0 2 0 0 8
City	State Zip Code	Transaction ID: 14996562
Fort Collins	CO 80526-1431	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Poudre Valley Hospital	Occupation  Director of Resource Services	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 425.00	
Full Name (Last, First, Middle Initial) Ms. Linda Q. Everett		Date of Receipt
Mailing Address 11340 Abbitt Trail		01 30 2008
City	State Zip Code	Transaction ID: 14996564
Zionsville	IN 46077-0016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Clarian Health	Occupation Executive Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	) <b>&gt;</b>	1350.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate sche for each category o Detailed Summary	f the
A oı	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used be name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  American Hospital Association PAC		
	Full Name (Last, First, Middle Initial) Ms. Maureen Swick		Date of Receipt
	Mailing Address 32 Blair Court	Chata 7'a Cada	01 30 7 2008
	City Ocean	State Zip Code NJ 07712-3222	Transaction ID: 14996866
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  350.00
	Name of Employer Monmouth Medical Center	Occupation Vice President, Chief Nursin	g Officer
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
	Full Name (Last, First, Middle Initial) Ms. Judith Husted		Date of Receipt
	Mailing Address 220 Morean Ranch F		01 30 7 2008
	City	State Zip Code	Transaction ID: 14997389
	Glendora	CA 91741-6434	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	500.00
	Name of Employer Kaiser Permanente Health Plan, Inc.	Occupation Executive Director, Patient 0	Care Servi
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
	Full Name (Last, First, Middle Initial) Ms. Pamela D. Hardesty, RN, PhD, C		Date of Receipt
	Mailing Address 222 SW 9th Avenue		01 30 7 9 9 9
	City	State Zip Code	Transaction ID: 14997394
	Fort Lauderdale	FL 33064-3502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer Aventura Hospital and Med- ical Center	Occupation Chief Nursing Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	3	50.00
Г	NUDTOTAL of Provide This Provides (Author)		1200.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 34 (check only one)    X
Any information copied from such Reports and property and purposes, other than using the commercial purposes.	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	and manifest to	Constitution of the Control of the C
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Ms. Colleen J. Goode, RN, PhD.,		Date of Receipt
Mailing Address 4200 East Ninth Ave Post Office Box A-02		01 22 7 2008
City	State Zip Code	Transaction ID: 14997399
Denver	CO 80220-3700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer University of Colorado Ho-	Occupation	7
<u>spital</u>	Vice President Patient Services & CN	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Ms. Diane M. Twedell, RN		Date of Receipt
Mailing Address 1216 Second Street,	, SW	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14997403
Rochester	MN 55902-1906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Mayo Clinic	Occupation Nurse Administrator	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial)		
Ms. Elizabeth T. Beaudin, RN, MS, CN  Mailing Address 69 Day Street		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: 14997404
Granby	CT 06035-2901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Connecticut Hospital Asso-	Occupation Director, Nursing & Work Force Initia	t
<u>ciation</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 34 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Laura Caramanica  Mailing Address 5 Virginia Lane  City  Unionville  FEC ID number of contributing federal political committee.  Name of Employer Hartford Hospital  Receipt For:  Primary General  Other (specify)	State Zip Code CT 06085-1140  C  Occupation Senior Vice President  Aggregate Year-to-Date   350.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Carol A. Bradley, MSN, RN  Mailing Address 1628 Laurel Street  City  South Pasadena  FEC ID number of contributing federal political committee.  Name of Employer TENET Healthcare Corporation  Receipt For: Primary General Other (specify)	State Zip Code CA 91030-4711  C  Occupation Nursing Director Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Kim C. Byas, Sr., MPH, Mailing Address One North Franklin  City Chicago  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify)	State Zip Code IL 60606-3436  C  Occupation Regional Executive  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	<b>&gt;</b>	1350.00
TOTAL This Period (last page this line numbe	r only)	10700.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 34 (check only one)  11a 11b 11c 12 13 14 15 X 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Hospital Association PAC	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tim Walz For U.S. Congress Mailing Address PO Box 938		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City Mankato	State Zip Code MN 56002	Transaction ID: 14995932  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00409409	1000.00
Name of Employer	Occupation	
Receipt For: 2008  X Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Refund
Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy  Mailing Address P.O. Box 127		Date of Receipt  0 1 0 2 2 0 0 8
City	State Zip Code	Transaction ID: 14995957
Cheshire  FEC ID number of contributing federal political committee.	CT 06410 C C00411660	Amount of Each Receipt this Period  2500.00
Name of Employer	Occupation	
Receipt For: 2008  X Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	Refund
Full Name (Last, First, Middle Initial) Giffords For Congress		Date of Receipt
Mailing Address PO Box 27565		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Tucson	State Zip Code AZ 85726	Transaction ID: 14995968  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00417618	2000.00
Name of Employer	Occupation	
Receipt For: 2008  X Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2000.00	Refund
SURTOTAL of Receipts This Page (antional)		5500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC	atements ma name and ad	for each ca Detailed So by not be sold o	ate schedule(s) ttegory of the ummary Page r used by any perso litical committee to	FOR LINE NUMBER: PAGE 15 / 34  (check only one)  11a 11b 11c 12  13 14 15 X 16 17  In for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) McNerney For Congress  Mailing Address 5429 Madison Avenue				Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code		Transaction ID: 14995975
	Sacramento	CA	95841		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		0398644	0 0	3000.00
	Name of Employer	Occupation	on		
	Receipt For: 2008  X Primary General Other (specify) ▼	Aggregate	e Year-to-Date	3000.00	Refund
В.	Full Name (Last, First, Middle Initial) Nancy Boyda For Congress				Date of Receipt
	Mailing Address PO Box 1474				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code		Transaction ID: 14996194
	<u>Topeka</u>	KS	66612		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<b>C</b> C0	0392084		2000.00
	Name of Employer	Occupation	on		
	Receipt For: 2008  X Primary General Other (specify) ▼	Aggregate	e Year-to-Date	2000.00	Refund

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	<b>•</b>	10500.00

### S

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 34 (check only one)  11a 11b 11c 12 13 14 15 16 17 17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Citibank, F.S.B.			Date of Receipt
Mailing Address 1400 G Street, NW			01 31 7 2008
City	State	Zip Code	Transaction ID: 14996073
Washington	DC	20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		521.68
Name of Employer	Occupatio	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		521.68	Interest

SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	521.68
TOTAL This Period (last page this line number only)	•	521.68

В.

C.

00UEDUU E D (EEO E 0V)			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 17 / 34
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b	7 22
	Betailed Gammary Fage	27	28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Merchant Bankcard			Transaction ID: 14996148 Date of Disbursement
Mailing Address 1601 Elm Street			$ \begin{bmatrix} 0 & 1 & M \\ 0 & 1 & M \end{bmatrix} $ $ \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 4 \end{bmatrix} $ $ \begin{bmatrix} Y & 2 & 0 & 0 & 8 \\ 2 & 0 & 0 & 8 \end{bmatrix} $
City Dallas	State Zip Code TX 75201		Amount of Each Disbursement this Period
Purpose of Disbursement	73201	-	353.65
Merchant Fees		001	
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)	·	Merchant Fees
State: District:			
Full Name (Last, First, Middle Initial) Benenson Strategy Group			Transaction ID: 14995933 Date of Disbursement
Mailing Address 14 East 60th Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 4 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $
C'h.	Otata 7in Oada		Assessment of Freeh Dichesses and this Decised
City New York	State Zip Code NY		Amount of Each Disbursement this Period
Purpose of Disbursement Polling Services		005	13000.00
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		Polling Services
State: District:  Full Name (Last, First, Middle Initial)			
Benenson Strategy Group			Transaction ID: 14995939 Date of Disbursement
Mailing Address 14 East 60th Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} $
City New York	State Zip Code NY		Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind to Walz (MN-1). See line 23.		005	-4875.00
Candidate Name		Category/	
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)	Туре	In-Kind to Walz (MN-1). See line 23.
State: District:	•		
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>	8478.65

TOTAL This Period (last page this line number only) .....

В.

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN		R:			РА	GE	18/	34	
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	_	22 28a		23 28b	П	24 28c	П	25 29		26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													;	
NAME OF COMMITTEE (In Full) American Hospital Association PAC														
Full Name (Last, First, Middle Initial) Gotham Research Group LLC						Trans Date of		sburs	-			0 Ď 8	Y	
Mailing Address 418 Central Park West Apt. 20	<u> </u>	7. 0.1				-	_							
,	State NY	Zip Code 10025				Amou	nt o	f Each	Disk	ourse	-		-	d
Purpose of Disbursement Polling Services Candidate Name			Са	ate	05 egory/						130	0.00	0	
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼			-	Polling	g S	ervice	es					
Full Name (Last, First, Middle Initial) Gotham Research Group LLC						Trans Date of		sburs				Y	Y	
Mailing Address 418 Central Park West Apt. 20						0 1	_		8 (	L	. 2	ο ὁ ε		
,	State NY	Zip Code 10025				Amou	nt o	f Each	Dist	ourse	men	t this F	Period	d
Purpose of Disbursement In-Kind to Murphy (CT-5). See line 23.  Candidate Name				_	05			•			-48	875.0	0	
	ment For:				egory/ /pe									
Senate President State: District:	Primary Other (spe	General cify) ▼				In-Kin See lii	d to	Mur 23.	phy	(CT-	5).			
Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	: 149	9961	95			
Hamilton Campaigns							of Di		emer	nt / Y	Ý	0 ŏ 8	Y	
Mailing Address 4201 Conneticute Ave. N Suite 610						0 1	_			L				
	State DC	Zip Code 20008				Amou	nt o	f Each	Dist	ourse	-		-	d
Purpose of Disbursement Polling Services				0	05		_				130	0.000	0	
Candidate Name					egory/ vpe									
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General				Polling	g S	ervice	es					
State: District:	Julion (ape	<i></i>												
SUBTOTAL of Disbursements This Page (optional) .	<u></u>		<u></u>		. <b>•</b>						211	25.0	0	

TOTAL This Period (last page this line number only) ......

В.

C.

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 19/34
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	and dadress of any pointed		
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Transaction ID: 14996219
Hamilton Campaigns			Date of Disbursement  0 1 0 8 2 0 0 8
Mailing Address 4201 Conneticute Ave. N Suite 610	W		01 08 2008
	State Zip Code DC 20008		Amount of Each Disbursement this Period
Purpose of Disbursement			-4875.00
In-Kind to Boyda (KS-2). See line 23.  Candidate Name		005 Category/	
		Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		In-Kind to Boyda (KS-2). See line 23.
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			Transaction ID: 14995971
Greenberg Quinlan Rosner Research			Date of Disbursement
Mailing Address 10 G Street NE Suite 400			$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ 0 & 1 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 & 2 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & 0 & 0 & 8 & Y \end{smallmatrix} \end{bmatrix}$
•	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement Polling Services		0.05	13000.00
Candidate Name		005 Category/	
Office Sought: House Disburse	ment For:	Туре	
Office Sought: House Disburse Senate	Primary General		Polling Services
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Transaction ID: 14995972
Greenberg Quinlan Rosner Research			Date of Disbursement
Mailing Address 10 G Street NE Suite 400			$\begin{bmatrix} \begin{smallmatrix} M & I & M \\ O & I & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & S \end{bmatrix} $
City	State Zip Code DC 20002		Amount of Each Disbursement this Period
Purpose of Disbursement		•	-4875.00
In-Kind to Giffords (AZ-8). See line 23.  Candidate Name		005	
Caluldate Indilie		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		In-Kind to Giffords (AZ-8-). See line 23.
State: District:			
SUBTOTAL of Disbursements This Page (optional)			3250.00

TOTAL This Period (last page this line number only) .....

В.

### SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 20/34 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Transaction ID: 14995976 Lake Research Partners Date of Disbursement 3 1 o 1 2008 Mailing Address 1726 M Street NW Suite 500 City State Zip Code Amount of Each Disbursement this Period Washington DC 20003-6 13000.00 Purpose of Disbursement Polling Services 005 Candidate Name Category/ Type Office Sought: Disbursement For: House Polling Services General Senate Primary Other (specify) President District: State: Full Name (Last, First, Middle Initial) Transaction ID: 14995977 Lake Research Partners Date of Disbursement 3 1 0 1 2008 Mailing Address 1726 M Street NW Suite 500 City State Zip Code Amount of Each Disbursement this Period 20003-6 Washington DC -4875.00 Purpose of Disbursement In-Kind to McNerney (CA-11). See line 23. 005 Candidate Name Category/ Туре Office Sought: House Disbursement For: In-Kind to McNerney (CA-1-1). See line 23.

General

SUBTOTAL of Disbursements This Page (optional)	•	8125.00
TOTAL This Period (last page this line number only)	•	40978.65

Primary

Other (specify)

State:

	TEMPER DISPURSEMENTS		Use separate schedule(s)					R LINE NUMBER: eck only one)					PAGE 21/34		
ΙT	EMIZED DISBURSEMEN	TS		category of the Summary Page			21b [ 27	22 28a	Х	23 28b	$\square$	24 28c	П	25 29	
	y Information copied from such Reports for commercial purposes, other than usin														
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association P.	AC													
<b>V</b>	Full Name (Last, First, Middle Initial) Tim Walz For U.S. Congress  Mailing Address PO Box 938									isburs	-			0 ŏ 8	Y
	City Mankato		State MN	Zip Code 56002				Amou	ınt o	f Each	n Disk	ourser	nent	this P	eriod
	Purpose of Disbursement In-Kind Contribution: Polling Services Candidate Name						gory/	L.			•		48	75.00	)
	Mr. Timothy Walz  Office Sought:  X House Senate President State: MN District: 01	Disburse	ment For: Primary Other (spe	2008 General		Тур	ре	In-Kir ling S			butic	on: Po	ol-		
	Full Name (Last, First, Middle Initial) Tammy Baldwin For Congress  Mailing Address P.O. Box 696									isburs	-			o ŏ 8	Y
	City Madison		State WI	Zip Code 53701				Amou	ınt o	f Each	n Disk	ourser		this P	
	Purpose of Disbursement Contribution Candidate Name Rep. Tammy Baldwin					01 ate Typ	gory/		•	•	•	•		00.00	,
	Office Sought:  X House Senate President State: WI District: 02		ment For: Primary Other (spe	2008 General cify)				Contr	ibut	ion					
	Full Name (Last, First, Middle Initial) Norm Coleman For U.S. Senate	I							of D	isburs	emer				
	Mailing Address 1412 Energy Pa	ark Drive #	<b>#11</b>					0 <sup>M</sup> 1	М	/ D	7	′	2 (	8 ö́ 0	1
	City Saint Paul		State MN	Zip Code 55108				Amou	ınt o	f Each	n Disk	ourser	-	this P	-
	Purpose of Disbursement Contribution Candidate Name						gory/	L.					20	00.00	J
	Sen. Norm Coleman  Office Sought:  House  X Senate  President  State: MN District:	Disburse	ment For: Primary Other (spe	2008 X General		Тур	pe	Contr	ibut	ion					
		L													_

## SCHEDIII F B (FFC Form 3Y)

	S FOIIII 3A)	Use separate schedule(s		NE NUMBER: PAGE 22 / only one)	<del></del>
ITEMIZED DISBUR		for each category of the Detailed Summary Page	21b	22 X 23 24 25 28a 28b 28c 29	
				on for the purpose of soliciting contribution solicit contributions from such committee	
NAME OF COMMITTEE ( American Hospital Ass	,				
Full Name (Last, First, Mid Ellsworth For Congres				Transaction ID: 14928129 Date of Disbursement	V
Mailing Address P.O.	Box 62			01 7 07 7 200	8
City Evansville	St: IN	ate Zip Code V 47701		Amount of Each Disbursement this	Perioc
Purpose of Disbursement Contribution			011	500.0	00
Candidate Name Mr. Brad Ellsworth			Category/ Type		
	nate X F esident C	ent For: 2008 Primary General Other (specify)		Contribution	
Full Name (Last, First, Mid	Idle Initial)			Transaction ID: 14928135	
Mailing Address PO E	Box 822 Box 822			Date of Disbursement  O 1	8 <sup>Y</sup>
City Cape Girardeau	Sta	ate Zip Code IO 63702		Amount of Each Disbursement this	
Purpose of Disbursement Contribution Candidate Name			011 Category/	2000.0	)0
	nate X F esident C	ent For: 2008 Primary General Other (specify)	Туре	Contribution	
Full Name (Last, First, Mid Team Emerson For Jo	,			Transaction ID: 14928136 Date of Disbursement	
	Box 822 Box 822			011 / 08 / 200	8 <sup>Y</sup>
City Cape Girardeau		ate Zip Code IO 63702		Amount of Each Disbursement this	Perio
Purpose of Disbursement Contribution			011	500.0	00
Candidate Name Rep. Jo Ann Emerson			Category/ Type		
	nate F esident C	ent For: 2008  Primary X General  Other (specify)		Contribution	
— DISTITUTE					

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		E NUMBER: PAGE 23/34
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check or 21b 27	22   X 23   24   25   26   28a   28b   28c   29   30
	ly Information copied from such Reports and Stater for commercial purposes, other than using the nam			
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	o and address of any political		
۸.	Full Name (Last, First, Middle Initial) Tammy Baldwin For Congress			Transaction ID: 14928200 Date of Disbursement
	Mailing Address P.O. Box 696			$\begin{bmatrix} M & M & M & D & D & B & M & Y $
	City Madison	State Zip Code WI 53701		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name		011 Category/	500.00
		ement For: 2008 Primary General Other (specify)	Туре	Contribution
 3.	Full Name (Last, First, Middle Initial) Marion Berry For Congress			Transaction ID: 14928134 Date of Disbursement
	Mailing Address P.O. Box 8084			011 / 08 / 2008
	City Jonesboro	State Zip Code AR 72403		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Rep. Marion Berry		011 Category/ Type	2500.00
	-	ement For: 2008 Primary General Other (specify)		Contribution
	Full Name (Last, First, Middle Initial) Mark Pryor For U.S. Senate			Transaction ID: 14928132 Date of Disbursement
	Mailing Address PO Box 2720			011 / 08 / 2008
	City Little Rock	State Zip Code AR 72203		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution		011	1000.00
	Candidate Name Sen. Mark L. Pryor		Category/ Type	
	X Senate X President	ement For: 2008 Primary General Other (specify)		Contribution
	State: AR District:			4000.00
	SUBTOTAL of Disbursements This Page (optional)			7000.00
Ι'	OTAL This Period (last page this line number only)	)		

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	<u> </u>
	Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)  American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mark Pryor For U.S. Senate			Transaction ID: 14928133 Date of Disbursement
Mailing Address PO Box 2720			01 08 7 2008
City Little Rock	State Zip Code AR 72203		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution		011	3000.00
Candidate Name Sen. Mark L. Pryor		Category/ Type	
X Senate President	sement For: 2008 Primary X General Other (specify) ▼		Contribution
State: AR District: Full Name (Last, First, Middle Initial)			Transaction ID: 14996220
Nancy Boyda For Congress			Date of Disbursement
Mailing Address PO Box 1474			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Topeka	State Zip Code KS 66612		Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind Contribution: Polling Services		011	4875.00
Candidate Name Nancy Boyda		Category/ Type	
- <del>-</del>	sement For: 2008  X Primary General  Other (specify)		In-Kind Contribution: Pol- ling Services
Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy			Transaction ID: 14995965 Date of Disbursement
Mailing Address P.O. Box 127			01 08 7 2008
City Cheshire	State Zip Code CT 06410		Amount of Each Disbursement this Period
Purpose of Disbursement In-Kind Contribution: Polling Services		011	4875.00
Candidate Name Mr. Christopher Murphy		Category/ Type	
5 7	sement For: 2008  X Primary General  Other (specify)		In-Kind Contribution: Pol- ling Services
State: CT District: 05			
			12750.00

		Use separate schedule(s)	(check only one)
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
	or commercial purposes, other than using the na		any person for the purpose of soliciting contributions imittee to solicit contributions from such committee
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
<u>/</u>	Full Name (Last, First, Middle Initial) Culberson For Congress		Transaction ID: 14928232 Date of Disbursement  O 1
	Mailing Address P.O. Box 41964	State Zin Code	
	City Houston	State Zip Code TX 77241	Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution Candidate Name	Ca	011 1000.00 1000.00
	X	sement For: 2008  X Primary General  Other (specify)	Type  Contribution
	Full Name (Last, First, Middle Initial) Kirk For Congress		Transaction ID: 14928220 Date of Disbursement
	Mailing Address P.O. Box 8		01
	City Winnetka	State Zip Code IL 60093	Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution Candidate Name Rep. Mark Steven Kirk	Ca	1000.00 011 ategory/ Type
	Office Sought: X House Disbur	sement For: 2008  K Primary General  Other (specify)	Contribution
	Full Name (Last, First, Middle Initial) Wynn For Congress		Transaction ID: 14928226 Date of Disbursement
	Mailing Address P. O. Box 39139		01 1 6 7 2 0 0 8
	City Washington	State Zip Code DC 20016	Amount of Each Disbursement this Perio
	Purpose of Disbursement Contribution		011
	Candidate Name Rep. Albert Russell Wynn		ategory/ Type
	X	sement For: 2008  K Primary General  Other (specify)	Contribution
_	2.55		6500.00

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s		check on	E NUMBER: PAGE 26/34	
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ė	21b 27	22 X 23 24 25 28a 28b 28c 29
	y Information copied from such Reports and S or commercial purposes, other than using the					
$\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC	,,				
•	Full Name (Last, First, Middle Initial) RED PAC					Transaction ID: 14928212 Date of Disbursement
	Mailing Address 437-B New Jersey A	ve., SE				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Washington	State Zip Code DC 20003				Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 Contribution				11	1500.00
	Candidate Name	bursement For:			egory/ pe	
	Senate President	Primary General Other (specify)				2008 Contribution
	State: District: Full Name (Last, First, Middle Initial)					Transaction ID: 14928206
	Tuesday Group PAC  Mailing Address PO Box 40385					Date of Disbursement  M M M / D D / Y Y O O 8
	City Washington	State Zip Code DC 20016				Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 Contribution	20010		0	11	5000.00
	Candidate Name		Ca	ate	egory/ pe	
	Office Sought: House Senate President State: District:	bursement For: Primary General Other (specify)				2008 Contribution
	Full Name (Last, First, Middle Initial) Schakowsky For Congress					Transaction ID: 14994670 Date of Disbursement
	Mailing Address P.O. Box 5130					011 / 22 / Y 2008
	City Evanston	State Zip Code IL 60204				Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution			_	11	2000.00
	Candidate Name Rep. Janice D. Schakowsky				gory/ pe	
	Senate President	bursement For: 2008  X Primary General  Other (specify)				Contribution
_	State: IL District: 09  JBTOTAL of Disbursements This Page (option	D				8500.00

Any Information copied from such Reports and Statements may not be sold or used by any persor for commercial purposes, other than using the name and address of any political committee of the commercial purposes, other than using the name and address of any political committee of the commercial purposes, other than using the name and address of any political committee of the commercial purposes, other than using the name and address of any political committee of the commercial purposes, other than using the name and address of any political committee of the comm	Transaction ID: 14994665 Date of Disbursement this Per  Amount of Each Disbursement  Transaction ID: 14994669 Date of Disbursement  Amount of Each Disbursement  Transaction ID: 14994669 Date of Disbursement  Amount of Each Disbursement this Per  1000.00
or for commercial purposes, other than using the name and address of any political committee to NAME OF COMMITTEE (In Full) American Hospital Association PAC  Full Name (Last, First, Middle Initial) Kirk For Congress  Mailing Address P.O. Box 8  City State Zip Code Winnetka IL 60093  Purpose of Disbursement Contribution Candidate Name Rep. Mark Steven Kirk  Office Sought: X House Senate President State: IL District: 10  Full Name (Last, First, Middle Initial) Citizens For Rush  Mailing Address P.O. Box 7292  City State Zip Code Chicago IL 60680  Purpose of Disbursement Contribution Candidate Name Rep. Bobby L. Rush  Office Sought: X House Disbursement For: 2008  Category/ Type  Office Sought: X House Disbursement For: 2008	Transaction ID: 14994665 Date of Disbursement  M M / D D D / Y Y O Y 8 Y  Amount of Each Disbursement this Per  1000.00  Transaction ID: 14994669 Date of Disbursement  M M / D D D / Y Y Y O Y 8 Y  Amount of Each Disbursement this Per  1000.00  Amount of Each Disbursement this Per  1000.00
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